Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) 2022 Founders Committee 1305 W 11th Street ADDRESS (number and street) #213 (Check if address is changed) Houston 77008 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS les@leswilliamson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 16 2022 C00822999 FEC IDENTIFICATION NUMBER > 3. IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Williamson, Les, , , Type or Print Name of Treasurer Williamson, Les,,, [Electronically Filed] 08 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate	ate information below.)
(b) This committee is an authorized committee, and is NOT a principal camp information below.)	aign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Sena	State President District
(c) This committee supports/opposes only one candidate, and is NOT an aut	horized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization)	zation on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital S	tock Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and committee. (i.e., nonconnected committee)	is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify spons	or on line 6.)
(g) This committee is an independent expenditure-only political committee (Si	uper PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-co	ntribution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	,
Joint Fundraising Representative:	
This committee collects contributions, pays fundraising expenses and dish	ourses net proceeds for two or more political
committees/organizations, at least one of which is an authorized committee	·
(j) This committee collects contributions, pays fundraising expenses and disk committees/organizations, none of which is an authorized committee of a	•
Committees Participating in Joint Fundraiser	
BLAKE MASTERS FOR SENATE  1.	C C00784165
MARCO RUBIO FOR SENATE	C C00620518

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٧	Vrite or Type Committee Name 2022 Founders				
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Repr	esentative, or Le	adership PAC Sponsor
	NONE				
	Mailing Address				
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising	g Representative	Leadership PAC Sponso
<u>.</u>	Custodian of Records: Ident books and records.	ify by name, address (phone number opti	onal) and position o	of the person in po	ssession of committee
	Williamson	, Les, , ,			
	Full Name				
	Mailing Address	1305 W 11th St			
		#213			
		Houston		TX 77	7008
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	nber 214	-   676  -   7442  -
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of t assistant treasurer).	he treasurer of the	e committee; and t	he name and address of
	Full Name Williamson	, Les, , ,			1
	of Treasurer	1305 W 11th St			
	Mailing Address				
		#213			
		Houston		TX 7	7008
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	nber 214	-  676   7442

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De	ull Name of esignated gent		
M	ailing Address		
Tir	tle or Position	CITY ▲ STATE ▲	ZIP CODE ▲
L		Telephone number	
		<b>Depositories:</b> List all banks or other depositories in which the committee deposits exes or maintains funds.	funds, holds accounts, rents
Na	ame of Bank, D	Depository, etc.	
		Chain Bridge Bank, NA	
Ma	ailing Address	1445-A Laughlin Ave	
		McLean VA	22101
		CITY ▲ STATE ▲	ZIP CODE ▲
Na	ame of Bank, D	Depository, etc.	
Ma	ailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1. SCHMITT FOR 2.	HEL, INC	FEC ID num	nber <b>C</b> C00787	7853
		FEC ID num	ibei O	
		FEC ID num	nber <b>C</b> C00775	5015
3. LILILIA	PR SENATE	FEC ID num	nber C C00614	1776
4. LAXALT FOR S	SENATE	FEC ID num	nber <b>C</b> C00787	135
Name of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Represe	ntative, or Leader	ship PAC Sponso
Mailing Address				
Relationship:	CITY A	STA	TF A	ZIP CODE ▲
	CITY ▲ d Organization Affiliated Committee  y by name, address (phone number – op	Joint Fundraising Rep	TE ▲ resentative Lo	ZIP CODE ▲ eadership PAC Spo
Connecte  Designated Agent: Identif	d Organization Affiliated Committee	Joint Fundraising Rep		
Connecte  Connecte  Designated Agent: Identif	d Organization Affiliated Committee	Joint Fundraising Rep		
Connecte  Designated Agent: Identif	d Organization Affiliated Committee	Joint Fundraising Rep		
Connecte  Designated Agent: Identif	d Organization Affiliated Committee  y by name, address (phone number – op	Joint Fundraising Reportional)	resentative	eadership PAC Spo
Connecte  Designated Agent: Identif	d Organization Affiliated Committee  y by name, address (phone number – op	Joint Fundraising Rep	resentative L	ZIP CODE A eadership PAC Spo

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ng Participant:		
1.	DR SENATE INC.	FEC ID number	C C00783142
2. DOCTOR OZ	FOR SENATE	FEC ID number	C C00795930
3. FRIENDS OF	MIKE LEE INC	FEC ID number	C C00473827
4. SMILEY FOR	WASHINGTON INC.	FEC ID number	C C00776765
Name of Any Connecte	d Organization, Affiliated Committee, Joint F	undraising Representati	ve, or Leadership PAC Sponso
Mailing Address			
Dalatia nahin	0.577		
Relationship:	CITY A	STATE 4	ZIP CODE ▲
	fy by name, address (phone number – optional	Joint Fundraising Represer	Leadership TAO Ope
			Leadership FAO Ope
Designated Agent: Ident			Leadership FAO Ope
Designated Agent: Ident			Leadership TAO ope
Designated Agent: Ident			
Designated Agent: Ident	fy by name, address (phone number – optiona		Leadership PAC Spo
Designated Agent: Ident  Full Name  Mailing Address	fy by name, address (phone number – optiona	al)	
Designated Agent: Ident  Full Name	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number	ZIP CODE A
Pesignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or not be safety deposit boxes or not be safety. Depository, etc.	fy by name, address (phone number – optional content of the conten	STATE A  Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). <b>Joint Fundraisir</b> RON JOHNSO	g Participant: N FOR SENATE, INC.		FEC ID number	C C00482984
			FEC ID number	С
2.				
3.			FEC ID number	С
4.			FEC ID number	C
ame of Any Connected	Organization, Affiliated Cor	nmittee, Joint Fundra	ising Representative	e, or Leadership PAC Spor
Mailing Address				
Relationship:	CI	ΓY ▲	STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated	Committee Joint	Fundraising Representa	ative Leadership PAC S
	d Organization Affiliated of A		Fundraising Representa	ative Leadership PAC S
	_		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	_		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	_		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	by name, address (phone r	number – optional)		
esignated Agent: Identif	by name, address (phone r	number – optional)		
esignated Agent: Identif	by name, address (phone r	number — optional)		
esignated Agent: Identification Full Name  Mailing Address	by name, address (phone r	number – optional)		
Full Name Mailing Address  TITLE OR POSITION	ries: List all banks or other	number – optional)	STATE A ephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or ma	ries: List all banks or other	number – optional)	STATE A ephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite aftery deposit boxes or materials.	ries: List all banks or other	number – optional)	STATE A ephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or material depositions, epository, etc.	ries: List all banks or other	number – optional)	STATE A ephone Number	ZIP CODE A